

<i>SERFF Tracking Number:</i>	<i>CAPT-125446315</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Capital City Insurance Company, Inc.</i>	<i>State Tracking Number:</i>	<i>## \$25</i>
<i>Company Tracking Number:</i>	<i>WC-08-1(AR)</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>TRIPRA of 2007 Rule/WC-08-1(AR)</i>		

Filing at a Glance

Company: Capital City Insurance Company, Inc.

Product Name: Workers Compensation

SERFF Tr Num: CAPT-125446315

State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: ## \$25

Sub-TOI: 16.0000 WC Sub-TOI Combinations

Co Tr Num: WC-08-1(AR)

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Tammy Raines

Disposition Date: 01/23/2008

Date Submitted: 01/23/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: TRIPRA of 2007 Rule

Status of Filing in Domicile: Pending

Project Number: WC-08-1(AR)

Domicile Status Comments:

Reference Organization: NCCI, Inc.

Reference Number: Item B-1405

Reference Title: Terrorism Risk Insurance Program Reauthorization Act Advisory Org. Circular: CIF-2007-09 of 2007

Filing Status Changed: 01/23/2008

State Status Changed: 01/23/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Our company proposes adopting Item B-1405 - Terrorism Risk Insurance Program Reauthorization Act of 2007 as contained in NCCI Circular CIF-2007-09 dated December 28, 2007.

We are requesting that this filing be approved for use on all new and renewal policies effective on or after January 1, 2008.

SERFF Tracking Number:	CAPT-125446315	State:	Arkansas
Filing Company:	Capital City Insurance Company, Inc.	State Tracking Number:	#? \$25
Company Tracking Number:	WC-08-1(AR)		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Workers Compensation		
Project Name/Number:	TRIPRA of 2007 Rule/WC-08-1(AR)		

Company and Contact

Filing Contact Information

Tammy Raines, Filing Analyst	traines@capcityins.com
P.O. Box 212157	(803) 731-7728 [Phone]
Columbia, SC 29221-2157	(803) 731-2167[FAX]

Filing Company Information

Capital City Insurance Company, Inc.	CoCode: 30589	State of Domicile: South Carolina
P.O. Box 212157	Group Code:	Company Type: Property & Casualty
Columbia, SC 29221-2157	Group Name:	State ID Number:
(803) 731-7728 ext. 244[Phone]	FEIN Number: 57-0810811	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
43927	\$25.00	01/18/2008

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<i>Project Name/Number:</i>	<i>TRIPRA of 2007 Rule/WC-08-1(AR)</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/23/2008	01/23/2008

<i>SERFF Tracking Number:</i>	<i>CAPT-125446315</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 01/23/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CAPT-125446315</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Capital City Insurance Company, Inc.</i>	<i>State Tracking Number:</i>	<i>#? \$25</i>
<i>Company Tracking Number:</i>	<i>WC-08-1(AR)</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>TRIPRA of 2007 Rule/WC-08-1(AR)</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>CAPT-125446315</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>TRIPRA of 2007 Rule/WC-08-1(AR)</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CAPT-125446315 State: Arkansas
Filing Company: Capital City Insurance Company, Inc. State Tracking Number: #? \$25
Company Tracking Number: WC-08-1(AR)
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: TRIPRA of 2007 Rule/WC-08-1(AR)

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 01/23/2008

Comments:

Attachment:

AR WC PCTD 08-1.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 01/23/2008

Bypass Reason: This item does not apply. We are adopting the rule filing for Item B-1405.

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 01/23/2008

Bypass Reason: This item does not apply. We are adopting the rule filing for Item B-1405.

Comments:

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	North Pointe Insurance Group				Group NAIC #	1141
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Capital City Insurance Company, Inc.	SC	00030589	57-0810811			

5. Company Tracking Number	WC-08-1(AR)
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Tammy D. Raines P.O. Box 212157 Columbia, SC 29221-2157	Filing Analyst	803-731-7728 ext 244	803-731-2167	traines@capcityins.com
7. Signature of authorized filer		<i>Tammy D. Raines</i>		
8. Please print name of authorized filer		Tammy D. Raines		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0000
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Workers Compensation
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01/01/2008 Renewal: 01/01/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI, Inc.
17. Reference Organization # & Title	Item B-1405 - Terrorism Risk Ins. Program Reauthorization Act of 07
18. Company's Date of Filing	1/23/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # WC-08-1(AR)

21. **Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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We are requesting that this filing be approved for use on all new and renewal policies effective on or after January 1, 2008.

[View Complete Filing Description](#)

22. **Filing Fees** (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: 43927

Amount: \$25.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)